REQUEST FOR A DEATH CERTIFICATE
PLEASE READ THESE INSTRUCTIONS CAREFULLY

IDENTIFICATION IS REQUIRED
The person signing the request must provide an enlarged, legible photocopy of both sides of their valid driver’s license or other legal picture identification with a signature or the requestor must have this application notarized.

SUGGESTED IDENTIFICATION

<table>
<thead>
<tr>
<th>Picture ID with a signature</th>
<th>OR Two forms of ID – One MUST have a signature</th>
<th>OR</th>
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</thead>
<tbody>
<tr>
<td>*Driver’s License</td>
<td>*Social Security Card</td>
<td>*Notarized MT Office of Vital Statistics Statement to Identify certified Birth or Death</td>
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<tr>
<td>*State ID Card</td>
<td>*Work ID Card</td>
<td>Applicant form (you must provide the original letter, not a photocopy or faxed copy)</td>
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<tr>
<td>*Passport</td>
<td>*Car registration/Insurance</td>
<td>*Have an authorized family member that has an ID order the certificate</td>
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<tr>
<td>*Military ID Card</td>
<td>*Doctor/Medical record</td>
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<tr>
<td>*Tribal ID</td>
<td>*Fishing License</td>
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<td>*US Military DD214</td>
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<td></td>
<td>*Utility Bill with current address</td>
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<td></td>
<td>*Voter Registration Card</td>
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</table>

If a picture ID with a signature is not available, two other forms of identification are required; one MUST have a signature. Please include photocopies of both sides of the ID when mailing your request.

IMPORTANT: If acceptable identification is NOT enclosed, or in lieu of identification your application is not notarized, or if the application is incomplete, your request will be returned and significant delays in processing your order may occur.

FEE (All fees must be U.S. funds)
CERTIFIED COPIES OF A DEATH CERTIFICATE: $7.00 for each certified death certificate.
INFORMATIONAL COPIES OF DEATH CERTIFICATE: $1.00 per copy in person, and $2.00 minimum for mailing.

PLEASE COMPLETE THE FOLLOWING INFORMATION.

Decedent’s Name: ____________________________________________________________

Date of Death (We need a date to begin searching if date is unknown): __________________________

Place of Death: _____________________________________________________________

Number of copies: ____________ Type of record needed? ______________________ certified informational

Your relationship to the certificate holder: ____________________________________ ( mother, father, etc.)

Reason the Death Certificate is needed: ______________________________________

Mailing or Delivery Address:
Name: __________________________________________ Applicant’s Signature __________
Address: ______________________________________
City, State, Zip: __________________________________ Daytime Telephone Number: ________

NOTARY
_________________________________ personally appeared before me and whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument.
Subscribed and sworn to me on this _________ day of ______________________ 20___

Printed Name: __________________________________________
Notary Public in and for the State of ______________________
Residing at ______________________ My commission expires ___________

NOTICE: State law provides penalties for persons who willingly and knowingly uses or attempts to use or furnish to another for use, for any purpose of deception, any certificate, record, report, or certified copy made, altered, amended or mutilated. (50-15-114(c), MCA)